

MONTANA DEPARTMENT OF JUSTICE
Montana Licensed Wholesaler Reporting Form

Please provide the following information with respect to all cigarettes, "roll-your-own" tobacco, and little cigars as defined in Mont. Code Ann. § 16-11-402(2) stamped for sale or sold within Montana. A list of tobacco products that may be sold in Montana is located at www.doj.mt.gov/consumer/business/tobaccosales.asp. Please attach copies of all purchase orders and retail sales invoices for all NPM products sold.

Return this completed form with attachments to:
Tobacco Paralegal
Attorney General's Office
P.O. Box 201440
Helena, MT 59620-1440
Fax to: (406) 444-4303
Due 15 days after the close of the reporting month.

For the Month of _____, 20____

Business Name and Address: _____

Contact Person: _____ Telephone: _____ Fax: _____

☐ NO **NPM** products were stamped or sold by wholesaler during this reporting month.

Email: _____

☐ NO **PM** products were stamped or sold by wholesaler during this reporting month.

Did you sell **RYO** to a retailer who is responsible for payment of taxes on the product? ☐ No ☐ Yes. **If yes, please complete part 3.**

PART 1: Non-Participating Manufacturers

Brand Name	Non-Participating Manufacturer Name	No. of Cigarettes Stamped or Sold	Ounces of Roll- Your-Own Sold	No. of Little Cigars Stamped or Sold	Invoice No.

PART 2: Participating Manufacturers

Brand	Participating Manufacturer Name	No. of Cigarettes Stamped or Sold	Ounces of Roll- Your-Own Sold	No. of Little Cigars Stamped or Sold

I hereby swear that the above-stated information is true and correct.

Signature

Date

PART 3: Retailers Responsible for Payment of Taxes on RYO You Sold to Them.

Name of Retailer	Address of Retailer	RYO Brand	RYO Manufacturer Name	Ounces of Roll-Your-Own Sold

Please attach copies of all invoices showing sales of RYO to retailers on which the retailer was responsible for paying the tax.

I hereby swear that the above-stated information is true and correct. _____
Signature Date